WORKPLACE DRUG TESTING POLICY
(SAMPLE – Consult state laws)

(COMpany) is committed to providing a safe, healthy and productive workplace that is free from alcohol and unlawful drugs as classified under local, state or federal laws, including marijuana, while employees are working on (COMpany) premises and while operating employer-provided vehicles. Employees are prohibited from being under the influence of drugs or alcohol while on company premises or while operating company-provided vehicles.

(COMpany) maintains a policy in which job applicants and current employees may be requested or required to submit to drug and alcohol testing in certain situations. This policy is intended to comply with applicable laws regarding drug and alcohol testing and any privacy rights.

Pre-employment Testing

All job applicants are subject to drug and alcohol testing. All offers of employment with (COMpany) are conditioned on the applicant submitting to and successfully completing and passing a drug and alcohol test in accordance with the (COMpany)'s testing procedures.

Reasonable Suspicion

Employees may be asked to submit to a drug and alcohol test if an employee's supervisor or other person in authority has a reasonable suspicion, based on objective factors such as the employee’s appearance, speech, behavior or other conduct and facts, that the employee possesses or is under the influence of unlawful drugs, including marijuana, or alcohol, or both.

Employees who take over-the-counter medication or other lawful medication that can be legally prescribed under both federal and state law should inform their immediate supervisor if they believe the medication will impair their job performance, safety or the safety of others or if they believe they need a reasonable accommodation before reporting to work while under the influence of that medication. To request a reasonable accommodation please consult your Human Resources Team.

Periodic/Random

Employees in safety or security-sensitive positions are subject to drug and alcohol testing on a [YEARLY/RANDOM] basis.

Post-incident

Employees involved in any work-related accident or incident involving the violation of any safety or security procedures may be required to submit to drug and alcohol testing.
Testing Procedures

All drug and alcohol testing under this policy will be conducted by an independent testing facility (licensed by the state), which will obtain the individual's written consent prior to testing.

Employees suspected of working while under the influence of illegal drugs or alcohol will be suspended (WITH/WITHOUT) pay until (COMPANY) receives the results of a drug and alcohol test from the testing facility and any other information which it may require to make an appropriate determination.

Consequences of a Positive Test

Employees who test positive will be subject to discipline, up to and including immediate termination of employment. Job applicants who test positive will have their conditional job offers withdrawn.

Refusal to Submit to Testing or Failure to Complete the Test

Employees who refuse to submit to testing as required by (COMPANY) or who fail to complete the test will be subject to discipline, up to and including immediate termination of employment. Job applicants who refuse to submit to drug and alcohol testing will be deemed to have withdrawn from the application process and will no longer be considered for employment.

Employee Assistance Program

(COMPANY) provides an employee assistance program (EAP) for all employees (and their eligible dependents). The EAP is designed to help individuals manage personal problems that can impact their well-being and work performance. Treatment is confidential. For more information about the EAP, contact the Human Resources team.

Confidentiality

All records relating to an employee or applicant's drug and alcohol test results will be kept confidential and maintained separately from the individual's personnel file.

(COMPANY) reserves the right to change, modify or delete the provisions of this Drug Testing in the Workplace Policy without notice.

Acknowledgment of Receipt

_________________________________________  ______________________________________
Signature                                          Date